

# 2008-2009 Snowmobile Preseason Meeting



# AGENDA

- Greeting/Introductions/Comments
- Brushing and Signing
- Grooming
- Special Maintenance
- Trail Proposals
- Reimbursement Procedures
- How to Connect to Forms on the Internet
- Questions
- Unit Breakout

# Brushing and Signing

- Please see discussion in Handbook
- Same signing standards as last year
- Pass out signing powerpoint
- Sign and post update
- Must be approved for payment from FMFM Unit Contact

# Grooming

- Specifications
  - Groom is one complete maintenance operation for the full length of the approved trail
  - Reimbursement will be based on a maintenance operation of any segment of the total assigned miles
  - Groomed surface width is a minimum of 8 feet with a width of 12 to 16 feet desirable
- Scheduling
  - Must be prescheduled with FMFM unit contact on a daily or weekly basis
  - Prescheduling must be done by written schedule or voicemail at the discretion of the FMFM Unit Contact

# Grooming

- Special notes and provisions
  - Clear snow off of all plowed road crossings that was deposited from the grooming operation
  - Should attempt to remove snow deposited by the use of snowmobiles from plowed road crossings and excess snow from plowed road crossing approaches during each groom.
  - Up to 25% of approved trail mileage may be groomed **at no expense** to the program
  - No grooming on frozen body of water
  - Any place where groomers are used, must be open to public
  - Local, state and federal land managers must be contacted and permission obtained for grooming off the designated trail system on local, state and federal lands

# Grooming Report Form

- One sheet per machine per week
  - Submit on Green Paper
  - Trail Segment name or number with mileage according to your grant
  - Column is “Lube, Oil & Routine Maintenance Costs”- separated from Fuel Cost
  - Total columns correctly
  - If no entries, **leave blank**
  - Must be Legible



Michigan Department of Natural Resources - Forest, Mineral and Fire Management / Grants Management

## WEEKLY SNOWMOBILE TRAIL GROOMING REPORT

*This information is required by authority of Part 821, 1994 PA 451, as amended, to receive reimbursement under this program.*

INSTRUCTIONS: Complete one GROOMING REPORT per machine, per week.

Trail Sponsor or Name of Management Unit Office		Report month and year	
Forest Office Responsible for your Grant	Week of beginning Sunday, _____ ending Saturday, _____		Week Number
Groomer Type and Year (list make, model, i.e., Tucker, Bombardier, etc., & year)	Name of person completing report		

Day & Date	Name or Number of Trail Segment Groomed	Miles of Trail Segment Groomed	Actual Hours Groomed	Brush, Sign, & Mowing Hours	Groomer Mtc Hours	Fuel Cost (not galons) \$	Groomer Parts Cost \$	Lube, Oil & Routine Mtc Cost \$
Sun								
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
TOTALS								

Remarks:


Send completed Grooming Reports to your Forest, Mineral and Fire Management Unit Contact, along with Recreational and Snowmobile Grants Program Reimbursement Request (PR1858.)

# Grooming 08-09 Calendar

WEEK #	DATE		
1	12/1 - 12/6	December	
2	12/7 - 12/13		
3	12/14 - 12/20		
4	12/21 - 12/27		
5	12/28-1/3		
6	1/4 - 1/10	January	
7	1/11 - 1/17		
8	1/18 - 1/24		
9	1/25 - 1/31		
10	2/1 - 2/7	February	
11	2/8 - 2/14		
12	2/15 - 2/21		
13	2/22 - 2/28		
14	3/1 - 3/7	March	
15	3/8 - 3/14		
16	3/15 - 3/21		
17	3/22 - 3/28		
18	3/29 - 3/31		

# Grooming Spreadsheets

- FMFM Unit Contact fills out using Grooming Reports
- Upon request, spreadsheets will be sent to FMFM Unit Contacts with updated segments, mileages and reimbursement rate
- To be submitted with Reimbursement Request to Grants Management



# Special Maintenance

- Under \$2,500, do not require bids
  - May be done upon approval of unit contact
- \$2,500 and above, 3 written sealed bids required
  - If Bid package is complete, sponsor may proceed with project
  - Submit Bid Tabulation form and written bids with Reimbursement Request
  - Must pass post audit review

# Bid Tabulation Form



Michigan Department of Natural Resources, Forest, Mineral & Fire Management / Grants Management

## BID TABULATION AND AUTHORIZATION

*This information is required under the authority of Part 811 and Part 821 of the Michigan Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.*

**To be completed by Grant Sponsors conducting a bid process as required for the Off-Road Vehicle Trail Improvement Grant Program and the Recreational and Snowmobile Trail Improvement Grant Program.**

PROJECT NAME \_\_\_\_\_

GRANT SPONSOR \_\_\_\_\_

GRANT NUMBER & YEAR \_\_\_\_\_

BID OPENING DATE \_\_\_\_\_

BID OPENING TIME \_\_\_\_\_

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

## BID TABULATION AND AUTHORIZATION (CONT'D)

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

BIDDER NAME _____	Bid \$ _____
ADDRESS _____	ALTERNATE \$ _____
TELEPHONE _____	

## BID AWARD RECOMMENDATION

BIDDER NAME _____	Bid AMOUNT \$ _____
ADDRESS _____	
TELEPHONE _____	
BID OPENER (GRANT SPONSOR) _____	
TELEPHONE _____	
BID OPENER SIGNATURE _____	DATE _____

**<<<<Attach All Bids and Send to your FMFM Mgt Unit Contact Person for Approval>>>>**

## DNR USE ONLY

### FOREST, MINERAL & FIRE MANAGEMENT (FMFM) APPROVAL

FMFM MGT UNIT \_\_\_\_\_

FMFM MGT UNIT CONTACT NAME \_\_\_\_\_

FMFM MGT UNIT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FMFM MGT UNIT SUBMIT TO: GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925

*Attach additional bid sheets, as needed.*

# Engineering Requirements

- Page 4-8 of Snowmobile Handbook
- Trail sponsor must submit construction plans and specifications to the Department or managing agent of other public lands
- Over \$15,000, plans must be reviewed by Office of Land and Facilities (OLAF)
- If project is over \$15,000, professional consultant must be hired
- All new bridge and culvert projects must be designed and supervised by an engineering firm.
- Use Professional Services Certification form
- Bidding for Professional Services is required, cost is limited to 15% of project cost and Consultant must be licensed

# Professional Services Supporting Documentation

- Construction Plans
- Work and material specifications
- Itemized cost estimate including consultant fee
- Construction documents, advertisement to bid, bid proposal, instructions, and general conditions
- Permits and approvals



Michigan Department of Natural Resources,  
Grants Management

## PROFESSIONAL SERVICES CERTIFICATION

By Authority of Act 299, P.A. 1980. Submission Required. To be completed by the Grantee

*I certify that the construction plans and specifications submitted or to be submitted in conjunction with:*

Project Title: \_\_\_\_\_  
DNR Project Number: \_\_\_\_\_ Project County: \_\_\_\_\_  
*in Michigan, have been prepared by the following Professional Services Contractor(s) as required by Act 299, P.A. 1980.*  
*(Attach separate sheets as necessary.)*

### Prime Professional Services Contractor

Name \_\_\_\_\_ Title \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Portion of Project (entire, or list items) \_\_\_\_\_ Registration # and State \_\_\_\_\_

### Additional Professional Services Contractor

Name \_\_\_\_\_ Title \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Portion of Project \_\_\_\_\_ Registration # and State \_\_\_\_\_

*I also certify that the supervision of construction, assembly, and/or installation of project scope items will be furnished by the appropriate Professional Services Contractor as listed to assure adherence to the plans and specifications and to all applicable engineering standards.*

Grantee (please print) \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed certification to:

GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925

### Excerpts from Acts:

Act 299, P.A. 1980, Section 2011 (2) and Section 2012 (d), (e): A person shall not submit to any public official of this State or any political subdivision thereof for approval, a permit or for filing as a public record a plan, specification, report, or land survey which does not bear one or more seals of a registered architect, registered professional engineer or registered land surveyor as required by this act, except for public works costing less than \$15,000 or residential buildings containing not more than 3,500 square feet of calculated floor area as defined in this Act. A person who is licensed to engage in the practice of architecture, professional engineering, or land surveying in another State while temporarily in this State to present a proposal for professional services is exempt from the requirements of this Article.

Act 299, P.A. 1980, Section 2210 (1): Each landscape architect shall have a seal, approved by the department and the board, which shall contain the name of the landscape architect, the serial number of his or her certificate of registration and the legend "landscape architect, State of Michigan" and other words or figures as the department considers necessary. Plans, specifications, and reports prepared by the landscape architect or under his or her supervision shall be stamped with his or her seal when filed with a public authority.

# Contingency Funds

- It's back!
- \$1,000 for circumstances that require immediate attention, such as down trees or other storm damage that may affect the public health, safety and welfare
- Must have written pre-approval or gathered ASAP after event if contact unavailable
- If estimate is over \$1,000, need amendment to do work. Communicate with field contact.
- These funds are not to be used in place of funded project overruns.

# Major Repair of Equipment

- Notify contact who reviews records and visually inspects and takes pictures
- Request amendment
- Submit estimate
- First \$1,000 paid by sponsor and 25% of balance
- Amendment needed



# Trail Proposals

- Work with FMFM Unit Contact & Recreation Specialist
- Submit Completed Form PR 1862E
  - Include development costs and required signatures
- Cover letter
- Maps
- Permissions
- Supporting Documentation

## TRAIL DEVELOPMENT PROPOSAL

<b>Header Section:</b> This section identifies project initiator; type of trail to be developed; project name; and project location.			
Area/District:		Project Name:	
County:	Township:	Range:	Section:
Trail Type: Snowmobile			
<b>A. DEVELOPMENT OF PROPOSED TRAIL</b>			
<b>1. Length</b> of the proposed trail (miles/kilometers) (Miles)		<b>2. Width</b> of the proposed trail (feet)	
<b>3. Roads</b> Show, in miles, the portion of the proposed trail on existing, plowed or unplowed roads. Show miles by topography category. Level Miles		<b>4. Jurisdiction of Roads</b> Show miles/kilometers by appropriate jurisdiction. DNR Miles	
<b>5. Improvements Needed:</b> (Show the number of miles/kilometers of the proposed trail that will require grading and/or brushing.) (Miles) <input type="checkbox"/> Grading <input type="checkbox"/> Brushing Cost: \$		<b>6. Stream Crossing(s):</b> Show total number of water crossings; width and depth of each crossing. If more space is needed, attach additional sheet listing the water crossings and width and depth of each Number: Width: Depth:	
<b>7. Culverts / Bridges:</b> : Show number of culverts and estimated cost of the culverts; show number of bridges and the estimated cost of the bridges. No. of Culverts: Cost: \$ No. of Bridges: Cost: \$		<b>8. Total Estimated Cost of Development:</b> This should include all estimated costs of trail development. "Other" costs should be explained in the comments section. \$	
<b>9. Method of Payment</b> (Check one to indicate how trail development will be accomplished.): <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> FMFM			
<b>10. Land Ownership</b> (Show miles of proposed trail by ownership category.) (shown in Miles): <input type="checkbox"/> State: <input type="checkbox"/> Federal: <input type="checkbox"/> Private: <input type="checkbox"/> County:			
<b>On land ownership maps, show location of needed improvements, bridges, etc. COMMENTS</b> (Indicate specific concerns that would affect the proposed trail development. Explain "other" trail development costs not covered elsewhere.):			
<b>B. ANNUAL MAINTENANCE</b>			
Show estimated annual costs for grooming and any on-going special maintenance needs, i.e. grading. Identify each cost such as grooming, grading, leases, etc.			
<b>11. Estimated Annual Cost</b>	<b>Cost Explanation (i.e., grooming, grading, etc.)</b>		
\$			
\$			
\$			
\$			
<b>DNR USE ONLY (Section C - Project Notification/Approval)</b>			
The trail development proposal must be signed by the Forest Unit Manager and Habitat Biologist and forwarded with required maps, to Forest, Mineral & Fire Management (FMFM) State Forest Supervisor's office.			
Forest Management Unit Signature _____		Area Habitat Biologist Signature _____	
Date _____		Date _____	
<b>State Forest Supervisor:</b> Comment, sign and mail original proposal with land ownership maps and comments attached to the Lansing office.			
State Forest Supervisor's Signature _____		Fisheries Division Supervisor Signature _____	
Date _____		Date _____	
Wildlife Division Supervisor Signature _____		Date _____	
<b>Lansing Office:</b> Route proposal through Division offices. Upon receipt of proposal signed by respective Division Chief's, State Trails Coordinator shall prepare recommendation to FMFM Chief; approved proposals shall be distributed to the appropriate Forest Supervisor's Office and Unit Offices.			
Chief, Forest Management Division _____		Chief, Fisheries Division _____	
Date _____		Date _____	
Chief, Wildlife Division _____		State Trails Coordinator _____	
Date _____		Date _____	

# Trail Proposals

- The Department will evaluate proposals within the context of its statutory obligations
- Each proposal is balanced and measured against multiple management goals
- The Department considers all input from all programs that may be affected
- The Department is committed to the conservation, protection, management, use and enjoyment of the State's natural resources for current and future generations





# Continuing this year

- Electronic Funds Transfer (EFT)
- Reimbursement monies deposited directly into sponsor account
- Must be registered at least one month before first reimbursement request sent in.
- Web site
  - [www.cpexpress.state.mi.us](http://www.cpexpress.state.mi.us)

# Reimbursement Request Form



Michigan Department of Natural Resources  
Forest, Mineral, and Fire Management / Grants Management  
**RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM REIMBURSEMENT REQUEST**  
*This information is required by authority of Part 821 Snowmobiles, 1994 PA 451, as amended to receive reimbursement.*

TRAIL SPONSOR INFORMATION	
Trail Sponsor (Organization Name)	Trail Sponsor Number
Street Address	Grant Year
City State ZIP + 4	Federal Identification Number

GROOMING OPERATIONS		
MONTH _____	DATE STARTED GROOMING _____	DATE ENDED GROOMING _____
	TOTAL MILES GROOMED _____	DNR USE ONLY \$ AMOUNT _____
GROOMING OPERATIONS SUBTOTAL		\$ _____

BRUSHING AND SIGNING		
PAYMENT METHOD	AMOUNT	
<input type="checkbox"/> Fixed Monthly Reimbursement (for 4 months)	\$ _____	
<input type="checkbox"/> 3-Months' Start-up Funds	\$ _____	
<input type="checkbox"/> 1-Month Final Payment	\$ _____	
BRUSHING AND SIGNING SUBTOTAL		\$ _____

UTILITIES** PAYMENT REQUESTED		
**Utilities payments are paid in four (4) installments during the grooming season.		
CHECK ONE ONLY	AMOUNT REQUESTED	
<input type="checkbox"/> 1 <sup>st</sup> Installment	\$ _____	
<input type="checkbox"/> 2 <sup>nd</sup> Installment	\$ _____	
<input type="checkbox"/> 3 <sup>rd</sup> Installment	\$ _____	
<input type="checkbox"/> 4 <sup>th</sup> Installment	\$ _____	
UTILITIES PAYMENT SUBTOTAL		\$ _____

MISCELLANEOUS EXPENSES		
See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.		
ITEM	\$ AMOUNT	
Comp/Collision Insurance (attach receipt and payment documentation)	\$ _____	
Liability Insurance (attach receipt and payment documentation)	\$ _____	
Property Leases (attach payment documentation)	\$ _____	
Total Number of Miles Leased _____ Total Number of Landowners _____	\$ _____	
Snow Plowing, Porta-johns (attach receipts and payment documentation)	\$ _____	
MISCELLANEOUS EXPENSES SUBTOTAL		\$ _____

PAGE 1 SUBTOTAL	\$ _____
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SPECIAL MAINTENANCE AND TRAIL DEVELOPMENT					
See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.					
PROJECT NO.	PROJECT LOCATION	PROJECT DESCRIPTION	PAYMENT METHOD		\$ AMOUNT
			PARTIAL	FINAL	
					\$ _____
					\$ _____
					\$ _____
					\$ _____
					\$ _____
					\$ _____
					\$ _____
					\$ _____
					\$ _____
SPECIAL MAINTENANCE AND TRAIL DEVELOPMENT SUBTOTAL					\$ _____

CONTINGENCY**		
**See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.		
PROJECT LOCATION	PROJECT DESCRIPTION	\$ AMOUNT
		\$ _____
		\$ _____
		\$ _____
CONTINGENCY SUBTOTAL		\$ _____

EQUIPMENT REPLACEMENT		
ITEM	\$ AMOUNT	
Type of Equipment _____ Make/Model _____ Year _____	\$ _____	
Type of Equipment _____ Make/Model _____ Year _____	\$ _____	
EQUIPMENT REPLACEMENT SUBTOTAL		\$ _____

REIMBURSEMENT SUMMARY		
\$ AMOUNT		
SUBTOTAL PAGE 1	\$ _____	
SUBTOTAL PAGE 2	\$ _____	
TOTAL REIMBURSEMENT REQUEST		\$ _____

TRAIL SPONSOR SIGNATURES			
Trail Sponsor Signature	Date	Trail Sponsor Signature	Date

TRAIL SPONSOR: Return this completed Reimbursement Request to your Forest, Mineral and Fire Management Contact.

* FOR DNR USE ONLY * - DEPARTMENT OF NATURAL RESOURCES AUTHORIZATION		
REMARKS: _____		
Approved By	Date	Amount Approved \$ _____

FMFM - UNIT: UPON APPROVAL FORWARD THIS REQUEST TO GRANTS MANAGEMENT.

# Reimbursement Procedures

- Grooming Operations
  - Use the same dates that are on the grooming calendar for each monthly grooming reimbursement
  - Submit Grooming Report and Reimbursement Request to FMFM Unit Contact who will review, sign, and submit to Grants Management with Grooming Spreadsheet

# Reimbursement Procedures

- Brushing and Signing
  - Two Options-Check which you prefer
  - Fixed Monthly or Three month advance with the final payment in March

# Reimbursement Procedures

- Utility Payment
  - Made four times during the grooming season
  - Must be requested
  - Divide your total utility allotment by four when making your request per month

# Reimbursement Procedures

- Miscellaneous Expenses
  - Comp Insurance- Submit cancelled check and inland marine certificate (what equipment is insured and it's value)
  - Cost of comp insurance for excess equipment retained by the sponsor will not be reimbursed
  - Liability Insurance- Submit cancelled check and liability certificate

# Reimbursement Procedures

- Miscellaneous Expenses
  - Leases- See Handbook discussion
  - Submit list of landowners, length of trail leased per landowner, lease amount and payment documentation
  - Payment documentation includes, cancelled check, money order, official check or cashier's check
  - Official check costs will be covered by the program
  - **90% advance must be requested with supporting documentation by December 31 or no advance payment will be made.**
  - **Final 10% documentation due April 30**

# Reimbursement Procedures

- Miscellaneous Expenses
  - Snowplowing- Invoice and cancelled check
    - Workgroup recommendation is that all snowplowing must be contracted out
    - If value is \$2,500 or more, follow bid procedure
    - If club chooses to snowplow, MDOT Schedule C rates will apply
    - [http://www.michigan.gov/documents/mdot/MDOT\\_Rental\\_2008\\_218582\\_7.pdf](http://www.michigan.gov/documents/mdot/MDOT_Rental_2008_218582_7.pdf)
    - Porta-johns- Invoice and cancelled check



# Reimbursement Procedures

- Special Maintenance and Trail Development
  - If over \$2,500 and/or requesting a 75% advance, must send in bid tabulation form, 3 bids, and invoice
  - If under \$2,500, submit invoice and cancelled check: no advance provided
  - Fill in columns as written on grant agreement
  - If a project is complete, note that it is complete on the reimbursement request
  - Discussion on partial payment vs final payment checkbox

# Reimbursement Procedures

- Contingency
  - Payment section on Reimbursement Request
  - \$1,000 limit
  - Must submit written pre-approval with reimbursement request

# Reimbursement Reminders

- Use Green Paper. Green means money!
- All reimbursement requests must go to FMFM Unit Contact for review and signature
- Do not put different grant years on the same reimbursement request form, it will be sent back
- Check grant agreement for expiration date

# How to connect to the Snowmobile Forms on the Internet

- [www.michigan.gov/dnr-grants](http://www.michigan.gov/dnr-grants)
- Grant Programs
- Under Trails section- Snowmobile Trail Improvement Program
- Forms and Publications



### **Michigan Department of Natural Resources Mission Statement**

"The Michigan Department of Natural Resources is committed to the conservation, protection, management, use and enjoyment of the State's natural resources for current and future generations."

### **Natural Resources Commission Statement**

The Natural Resources Commission, as the governing body for the Michigan Department of Natural Resources, provides a strategic framework for the DNR to effectively manage your resources. The NRC holds monthly, public meetings throughout Michigan, working closely with its constituencies in establishing and improving natural resources management policy.

### **Michigan Department of Natural Resources Non Discrimination Statement**

The Michigan Department of Natural Resources (MDNR) provides equal opportunities for employment and access to Michigan's natural resources. Both State and Federal laws prohibit discrimination on the basis of race, color, national origin, religion, disability, age, sex, height, weight or marital status under the Civil Rights Acts of 1964 as amended (MI PA 453 and MI PA 220, Title V of the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act). If you believe that you have been discriminated against in any program, activity, or facility, or if you desire additional information, please write:

HUMAN RESOURCES  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30028  
LANSING MI 48909-7528  
**Or →** MICHIGAN DEPARTMENT OF CIVIL RIGHTS  
CADILLAC PLACE  
3054 W. GRAND BLVD., SUITE 3-600  
DETROIT MI 48202  
**Or →** OFFICE FOR DIVERSITY AND CIVIL RIGHTS  
US FISH AND WILDLIFE SERVICE  
4040 NORTH FAIRFAX DRIVE  
ARLINGTON VA 22203